Kansas Medical Assistance Programs

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From the office of the Fiscal Agent

# Kansas Medicaid Prior Authorization for Growth Hormone for Children

Growth Hormone (GH) therapy will be authorized for certain FDA approved medically necessary indications and will be limited to FDA approved doses. It is mandatory that care must be evaluated and managed by a pediatric endocrinologist or pediatric nephrologists.

Requests for prior authorization of GH therapy for children may be considered medically necessary for the following conditions:

- Documented endogenous GH deficiency
- Chronic renal insufficiency
- Turner's Syndrome
- Prader-Willi Syndrome

The following FDA approved indications for GH therapy are **NOT** considered medically necessary and requests will be denied:

- Patients born small for gestational age (SGA) without GH deficiency
- Idiopathic short stature (ISS)

All requests for approval must be done in writing and be signed by the prescriber or his/her designee. Requests will only be accepted from the prescriber or dispensing pharmacy. Forms may be downloaded from KMAP website at: www.srskansas.org/hcp/medicalpolicy/pharmacy.

Requests for approval will be reviewed based on the following criteria:

- Below normal serum IGF-1/IGFBP3 * – **exception:** panhypopituitarism documented by MRI
- Failure of two pharmacological stimulation tests to raise the serum growth hormone level above 10 ng/ml *
- Radiologic evidence of non-closure of epiphyseal plates
- Growth measurements for minimum of 6 months – **exception**: neonatal documented GHD and hypoglycemia
- Growth velocity less than 4 cm/year

* not required for CRI, Turner's Syndrome or Prader-Willi Syndrome

All approved initial requests will be granted for 6 months

## Kansas Medicaid Prior Authorization for Renewal of GH in Children

Requests for renewal of GH will be reviewed based on the following criteria:

- History and physical notes from endocrinologist dated within 6 months of the request
- Documented growth rate of at least 4cm/year > pre-treatment rate
- Bone age/open epiphyses

Rationale for discontinuing GH Therapy may include, but is not limited to:

- Growth velocity < 2cm/year while on GH therapy
- Non-compliance with GH therapy plan
- Recommendation by treating nephrologists due to changes in underlying conditions

All approved renewal requests will be granted for one year



## Kansas Medicaid Prior Authorization for Growth Hormone in Adults

Diagnosis of pituitary insufficiency confirmed by growth hormone stimulation test (<5ng/ml serum concentration) and below normal IGF-1/IGFBP3 except for panhypopituitarism patients including those with surgical or radiological eradication of pituitary confirmed by MRI or CT scan.